



Psychology Doctoral Internship Program Atlanta VA Medical Center

1670 Clairmont Rd., Decatur, GA 30033

http://www.atlanta.va.gov/careers/Psychology_Training.asp

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MATCH Number: 123511

Application Deadline: November 1, 2016, 11:59pm EDT

General Information

The Atlanta VA Medical Center has six funded psychology intern positions. All positions are generalist in nature; there are no tracks. The internship is a one-year, full-time training program with an expected workload of 40 hours per week of direct service delivery and other training activities. This is a clinical training program with no protected research/dissertation time for interns.

Accreditation Status

The psychology doctoral internship at the Atlanta VA Medical Center has been continuously fully accredited by the Commission on Accreditation of the American Psychological Association since 1985. We were most recently awarded full 7-year reaccreditation in November 2015. Our next Site Visit will occur in 2022.

Questions regarding the accreditation status of our program may be directed to:

American Psychological Association
Office of Program Consultation and Accreditation
750 First St., NE
Washington, DC 20002-4242
Telephone: (202) 336-5979

Training Year and Required Hours

The training year for the psychology doctoral internship at the Atlanta VA Medical Center begins in August and runs for 52 consecutive weeks. VA pay periods officially run from Sunday to Saturday. The official start date for the 2016-2017 training year is therefore Sunday, August 7, 2016. Interns will report for duty on Monday, August 8, 2016. The final workday of the training year will be Friday, August 4, 2017. VA psychology internships are funded for 2,080 professional hours. Interns are accordingly expected to work 40 hours per week for a full year. Credit is given for federal holidays and use of accrued leave. **The standard tour of duty for a psychology intern at the Atlanta VAMC is Monday through Friday, 8:00am to 4:30pm.**

Stipend and Benefits

Psychology interns receive a competitive stipend paid in 26 biweekly installments. VA internship stipends are locality adjusted to reflect the relative cost of living in different geographical areas. **The stipend for Atlanta VAMC psychology interns for the 2016-2017 training year is \$25,112.** VA interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits. Interns also receive the 10 federal holidays and accrue up to 13 days each of paid vacation and sick leave throughout the training year.

Eligibility for VA Training

In order to be eligible for selection at any VA training program, the applicant must meet the following criteria:

- 1) U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.
- 2) A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.
- 3) Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. More information about the nature and purpose of federal background checks may be found here: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>. See Section 8 for the most relevant details.
- 4) VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Internship applicants also must meet the following criteria to be considered for any VA psychology internship program:

- 1) Doctoral student in good standing at an APA-accredited graduate program in clinical or counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in clinical or counseling psychology are also eligible.
- 2) Approved for internship status by graduate program training director.

To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file. More information is available at <http://www.va.gov/oaa/agreements.asp> (see section on psychology internships).

Application & Selection Procedures

All interns are selected via the APPIC Match process. Only applications received via APPIC's online selection portal from applicants in APA-accredited psychology doctoral training programs in clinical or counseling psychology will be considered. Applicants should submit a completed AAPI, a curriculum vitae, three letters of recommendation, and official transcripts from all programs of graduate study in psychology. The Atlanta VA is committed to the recruitment and training of diverse interns. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as

including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority individuals are encouraged. Individuals who wish to be considered in part on the basis of a diversity variable should indicate their interest in the cover letter of their application.

Applications should be completed as soon as possible upon activation of the APPIC Selection Portal, but must be submitted no later than 11:59pm EDT on November 1, 2016 for consideration.

The Directors of Training review all completed applications submitted by the deadline and make preliminary cuts based primarily on therapy and assessment experience. **To receive full consideration, all applicants should have a minimum of 500 supervised doctoral-level therapy hours (please note that this means intervention hours, not total hours) and experience with both cognitive and personality assessment, as well as with integrated report writing.** The training faculty thoroughly reviews all applications that survive the preliminary round of cuts and make recommendations regarding interviews to the Directors of Training, who make final decisions. Interviews will be conducted in early January 2017. All applicants will be notified of their interview status by e-mail at the address provided on the AAPL. It is the responsibility of the applicant to ensure that current mailing and e-mail addresses and telephone numbers are provided.

For questions about the application process or the training program please contact the Directors of Training at andrea.michels@va.gov or evelyn.lemoine@va.gov.

Diversity Statement

The Atlanta VAMC serves veterans who represent a wide variety of dimensions of diversity including, but not limited to, gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Atlanta VA psychology doctoral internship program is deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, trainees develop awareness, knowledge, and skills to enhance multicultural competence through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans with diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence within the mental health profession and society as a whole.

The **Diversity Education Committee for Psychology Training (DEC-PT)** mission statement is as follows: The DEC-PT functions as an extension of the Psychology Training Committee to assist psychology trainees in developing multicultural competencies, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology internship and postdoctoral training programs, the DEC-PT seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection.

The DEC-PT is composed of Atlanta VA psychologists on the training staff who are invested in helping to promote trainees' multicultural competence for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldview, biases, theoretical framework, and life experiences affect our clinical work. In conjunction with the Core Internship Training Committee, the DEC-PT facilitates the Multicultural Lunch and Learn series, the Multicultural Seminar Series for interns, and the minor rotation in Diversity. See below for descriptions of all educational activities.

Aims of the Training Program and Expected Competencies

The primary aim of the Atlanta VA Medical Center's psychology doctoral internship is to prepare diverse doctoral-level psychology trainees to function competently, effectively, and ethically in professional roles in the field of psychology that combine clinical service and scholarly inquiry. We aspire to prepare interns to transition successfully, upon graduation, to advanced postdoctoral training programs or to secure entry-level employment in psychology at the GS-11 or equivalent level.

In accordance with this primary aim, the psychology doctoral internship program at the Atlanta VAMC strives to promote for all interns the development of the profession-wide competencies identified by the American Psychological Association's *Standards of Accreditation in Health Service Psychology*: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. The program emphasizes training in clinical skills, with the recognition that competent clinical work is informed by science. Supervision and didactics are grounded in the current evidence base and strong efforts are made to expose interns to current research and scholarship.

Successful completion of the internship requires demonstration of each competency as follows:

1) COMPETENCE IN RESEARCH:

Objective 1A: Critical Scholarship

The intern demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local, regional, or national level.

Relevant Training Activities: Interns participate and present in local case conferences, and present an overview of their dissertations or other areas of scholarly inquiry through their General and Assessment seminars. Certain clinical rotations also offer Journal Clubs and similar avenues for critical evaluation of research.

2) COMPETENCE IN ETHICAL AND LEGAL STANDARDS:

Objective 2A: Conformity to Professional Guidelines and Policies

The intern is knowledgeable of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and any other relevant professional standards and guidelines. This includes compliance with VA and program policies regarding timeliness of documentation, use of scheduled and unscheduled leave, etc.

Objective 2B: Recognition and Resolution of Ethical Dilemmas

The intern independently recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.

Objective 2C: General Ethical Conduct

The intern conducts himself/herself in an ethical manner in all professional activities.

Relevant Training Activities: Interns participate in ethics-themed seminar presentations in the context of the General Seminar. Interns work with supervisors on their clinical rotations and in their general psychotherapy and psychological testing cases to identify and address ethical problems/dilemmas.

3) COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Objective 3A: Awareness of Own Culture

The intern demonstrates an understanding of how his/her own personal/cultural history, attitudes, and biases may affect how he/she understands and interacts with people different from himself/herself.

Objective 3B: Knowledge of Current Professional Standards for Diversity

The intern demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.

Objective 3C: Application of Diversity Knowledge and Understanding

The intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of his/her career. This also includes the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with his/her own.

Relevant Training Activities: Interns participate in a 10-session Multicultural Seminar Series, led by staff members of the Diversity Education Committee for Psychology Training, in the context of the General Seminar. Interns attend and participate in the monthly Multicultural Lunch and Learn Series. Interns address diversity issues in the context of their work on the clinical rotations, general psychotherapy cases, and psychological testing cases.

4) COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Objective 4A: General Professional Behavior

The intern behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Objective 4B: Self-Reflection

The intern engages in self-reflection regarding his/her personal and professional functioning. He/she engages in activities to maintain and improve performance, well-being, and professional effectiveness.

Objective 4C: Openness to Feedback

The intern actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Relevant Training Activities: Interns participate in a professionalism-themed seminar presentation in the context of the General Seminar. Interns are expected to demonstrate professionalism, self-reflection, and openness to learning in all training activities. Supervising staff model appropriate professional behavior.

5) COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS

Objective 5A: Effective Relationships

The intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, support staff, and those receiving professional services.

Objective 5B: Effective Communication

The intern produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. The intern demonstrates a thorough grasp of professional language and concepts.

Objective 5C: Interpersonal Skills

The intern demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Relevant Training Activities: All training activities are relevant to this aim of the program. The professionalism-themed seminar presentation mentioned above also addresses communication skills. Staff are expected to model this area of competency for trainees at all times.

6) COMPETENCE IN ASSESSMENT**Objective 6A: Knowledge of DSM-5 Nomenclature**

The intern demonstrates understanding of DSM-5 diagnostic categories and nomenclature.

Objective 6B: Clinical Interviewing

The intern demonstrates ability to conduct an appropriate clinical interview to assess a patient's presenting concerns and pertinent history, and to evaluate for possible psychopathology.

Objective 6C: Selection of Assessment Methods

The intern demonstrates ability to select assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. The intern collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Objective 6D: Assessment Interpretation

The intern appropriately interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective.

Objective 6E: Communication of Findings

The intern communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Relevant Training Activities: Interns participate in an Assessment Seminar throughout the training year, featuring numerous presentations on diagnosis, clinical interviewing, and testing. Interns complete general psychological testing cases throughout the training year. Most, if not all clinical rotations offer additional opportunities for diagnostic interviewing and communication of findings, and some offer additional opportunities for psychological testing.

7) COMPETENCE IN INTERVENTION**Objective 7A: Patient Rapport**

The intern establishes and maintains effective relationships with the recipients of psychological services.

Objective 7B: Case Conceptualization and Identification of Goals

The intern formulates a cogent case conceptualization that draws on theoretical and research knowledge, and collaborates with patients to select appropriate goals for services.

Objective 7C: Treatment Planning

The intern develops evidence-based intervention plans specific to the service delivery goals.

Objective 7D: Therapeutic Interventions

The intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Objective 7E: Integration of Science and Practice

The intern demonstrates the ability to apply the relevant research literature to clinical decision making.

Objective 7F: Therapeutic Flexibility

The intern modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.

Objective 7G: Evaluation of Intervention Effectiveness

The intern evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.

Relevant Training Experiences: Interns may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples services. The clinical rotations and general psychotherapy cases offer the primary opportunities for intervention training.

8) COMPETENCE IN FUNDAMENTAL SUPERVISION SKILLS**Objective 8A: Peer Supervision**

The intern applies his/her knowledge of supervision models and practices in direct practice with other psychology trainees. The intern participates appropriately and offers valuable contributions and feedback to peers in group and peer supervision settings.

Relevant Training Experiences: Interns engage in small group supervision of general psychotherapy cases every week throughout the training year, and are expected to engage in peer supervision in that context. Some clinical rotations offer further opportunities for peer supervision/consultation. Interns also participate in several seminar presentations focused on the development of supervision skills in the context of the General Seminar.

9) COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**Objective 9A: Respect for Other Professions**

The intern demonstrates knowledge and respect for the roles and perspectives of other professions.

Objective 9B: Interdisciplinary Communication

The intern communicates effectively with professionals across disciplines in face-to-face and/or written consultation (e.g., effectively communicates psychological concepts and principles to those outside the field of psychology).

Objective 9C: Interdisciplinary Collaboration/Coordination of Care

The intern works effectively with interdisciplinary professionals to address referral questions, make treatment recommendations, and coordinate patient care. The intern seeks input from other disciplines when needed and utilizes treatment teams appropriately.

Relevant Training Experiences: Most clinical rotations offer opportunity for interdisciplinary treatment team collaboration for patient care. Interns are expected to collaborate with other professionals on the coordination of care for their general psychotherapy and psychological testing cases. Interns are expected to demonstrate respect for other professions in all training activities.

Program Structure

Orientation

Interns begin the training year with over a week of orientation to the VA, the Medical Center, and the training program. Interns meet with the Directors of Training and with supervisors from all clinical rotations to review the training opportunities available with each. Interns also meet with relevant Mental Health leadership representatives and with members of the Diversity Education Committee for Psychology Training (DEC-PT). This process allows time for interns to begin to develop familiarity with the Medical Center, clinical activities, record keeping, personnel issues, and procedures specific to the Mental Health Service Line. Interns will inform the Directors of Training of their major and minor rotation preferences at the end of orientation. Interns also participate in a four-day intensive training workshop in Prolonged Exposure therapy (PE) for posttraumatic stress disorder at the beginning of the training year.

Training Plans and Evaluation

During the summer prior to internship, incoming interns complete a self-assessment of their relative strengths and weaknesses with respect to the competencies described above, and provide the Directors of Training with information regarding their personal goals and preferences for the training year. During orientation, the Directors of Training meet with each intern to develop a personalized training plan for the year. The goal of the training plan is to identify needed and desired learning activities to develop key competencies, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Directors of Training make every effort to honor the preferences of the intern; however, they reserve the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year all interns will formally review their training plans and progress with the Directors of Training and the Core Internship Training Committee.

Evaluation of intern progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members. Intern progress is formally discussed by the training staff in monthly meetings of the Core Internship Training Committee; areas of strength and areas for growth are documented in the Committee's meeting minutes. Interns are also formally evaluated by each of their clinical supervisors on a quarterly basis. The written feedback is reviewed between intern and supervisor and is submitted to the Directors of Training for inclusion in the training file. At a minimum, interns meet with the Directors of Training and the Core Internship Training Committee twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed. The Directors of Training provide formal written feedback of intern progress to the Director of Clinical Training at each intern's doctoral training program at mid-year and end-of-year; additional communication will be made with the intern's DCT if significant deficits requiring remediation are identified and/or if the intern's successful completion of the program is at risk. The Directors of Training are responsible for all written correspondence between the internship program and the graduate schools.

Training Experiences

1. Clinical Rotations

The 12-month internship year is divided into two six-month rotation blocks. For each block interns select one major and one minor clinical rotation. Major rotations involve 16 hours (2 days) per week in the selected specialty area. Minor rotations involve 8 hours (1 day) per week in the selected area.

All clinical rotations focus primarily on direct clinical service delivery. Interns work under the direct supervision of one primary supervisor for each rotation selected, and receive a minimum of one hour of individual supervision per week on each rotation. **There are no required rotations.** Selection of rotations depends upon the training plan of the intern. None of the clinical rotations is reliant on intern participation for its existence, thus ensuring that training considerations always take priority over service delivery for the clinic.

The available clinical rotations at the Atlanta VAMC are as follows:

PRIMARY CARE/MENTAL HEALTH INTEGRATION ROTATION

Primary supervisor – Christie Spence, Ph.D.

The PC/MH Integration team is a team of mostly psychologists who work directly in Primary Care medical clinics. They perform initial evaluations on veterans referred by PC providers to Mental Health, perform short-term psychotherapy (i.e., initial screening and four to six 30-minute sessions) for appropriate veterans, provide education and consultation to PC staff, and provide triage/referrals to veterans requiring specialty mental health care.

As the training staff at the Atlanta VAMC continues to expand, we expect a variety of PC/MH clinics to be available to Interns for rotation. Interns will be advised of current availability during orientation. Current PC/MH options include the following (subject to change):

General Primary Care: These are the standard Primary Care clinics to which veterans are assigned based on their home address and desired treatment facility. Interns currently have the option to rotate in the satellite PC clinics at the VA's Fort McPherson location (approximately 15 miles southwest of the main VAMC) or the Atlanta VA Clinic location (approximately 3.5 miles southeast of the main VAMC). Interns rotating in these clinics serve a heterogeneous veteran population.

Women's Wellness Clinic: The Women Veterans Health Program promotes the health, welfare, and dignity of women veterans and is a component of the Atlanta Primary Care Service, which has the largest number of women veterans (6200+) enrolled in VISN 7. The Women's Wellness Clinic in Atlanta encompasses a dedicated staff that provides primary care and gender-specific care for 3000 assigned female veterans. The clinic provides a wide range of services including general preventive medicine and specialty care services including STD screening, birth control planning, pregnancy screening and medical management, breast and cervical cancer screenings, gynecological care and menopausal management. It is multidisciplinary and utilizes the clinical expertise of a clinical psychologist, social worker, nutritionist and doctor of pharmacy as well as 5 physicians, 2 clinical practitioners and nursing staff. The clinic operates according to the Primary Care/Mental Health Integration model in which a co-located psychologist provides brief initial assessments, short-term individual therapy, and referrals to specialty mental health services. Interns working with the Women's Wellness Clinic will gain experience working with female veterans in group and individual therapy, as well as conducting initial assessments. Interventions may focus on general health and mental health related issues, such as chronic pain, depression, anxiety and stress reduction, insomnia, as well as health concerns specifically related to females, including coping with infertility or unwanted pregnancy, care giving issues, and coping with diagnosis of diseases affecting women, such as cancer (i.e., breast, ovarian, uterine, etc.), heart disease, and sexually transmitted diseases.

The PCMHI rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and by day, but may include:

- 1) **Research:** Interns will be provided with scholarly articles on the practice of PCMHI therapy as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision.
- 2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of veterans and staff, and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans.
- 4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
- 6) **Assessment:** Interns will enhance diagnostic assessment and intake report writing skills. They will develop ability to conduct brief assessments and to write corresponding brief progress notes.
- 7) **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence in providing short term psychotherapy on an outpatient basis and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Depending on setting, caseload may involve individual and/or group treatment.
- 8) **Supervision:** There are no opportunities for supervision training on this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, pharm Ds, nutritionists, social workers, etc.

Major versus Minor Rotations in PC/MH Integration:

Interns must select one PC/MHI clinic in which to focus, for both major and minor rotations. Interns completing a major rotation will spend two days per week in that clinic and may have access to a wider variety of training activities.

GENERAL MENTAL HEALTH Rotation (GMH) **Primary supervisor – Erin Elliott, Ph.D., ABPP**

This rotation offers a recovery-oriented, generalist training experience at outpatient Mental Health Clinics (MHC) and the inpatient psychiatry unit. The MHC and inpatient psychiatry unit consist of interdisciplinary treatment teams of providers including psychiatrists, peer support specialists, advanced practice registered nurses, psychologists, licensed clinical social workers, and psychiatry residents. The inpatient unit also has recreational therapists and chaplains as ancillary team members. The inpatient psychiatric unit is a 40-bed acute unit with duration of inpatient admission typically lasting between three and 10 days.

All GMH clinics provide services to veterans who range broadly in age, gender, ethnicity, sexual orientation, socioeconomic status, education level, adaptive functioning, and psychological symptoms. The intern will work with veterans who present with a wide range of psychiatric diagnoses, including Post Traumatic Stress Disorder, Major Depressive Disorder, Bipolar Disorder, anxiety disorders, personality disorders, and psychotic spectrum disorders. Many patients also present with comorbid substance use disorders and complex medical issues.

On this rotation, the intern will work with GMH supervisors to determine how time will be divided between the outpatient clinics and inpatient psychiatry unit. Decisions related to this time allotment will be influenced by the intern's training plan. The intern will conduct individual and group therapy, participate in treatment team meetings, and receive didactic training. Brief family work, intakes, and brief assessments are also possible.

There are opportunities for training in a variety of evidence-based psychotherapy (EBP) modalities. Examples of individual EBPs to which interns could gain exposure include Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Interpersonal Process Therapy (IPT), Motivational Interviewing (MI), and Cognitive Processing Therapy (CPT). Examples of evidenced-based groups that have been offered include ACT for Depression, CBT for Insomnia, Behavioral Activation, and Mindfulness. There are opportunities for training with veterans who decline EBP or who are not good candidates for EBP. These veterans often suffer from a variety of comorbidities which complicate the picture and require a more protracted course of treatment. The inpatient unit offers training in brief individual and group interventions in a fast-paced environment requiring flexibility on the part of the clinician. Outpatient opportunities are available at the main hospital and at outpatient clinics in the community.

Major versus Minor Rotations in GMH:

Interns who choose GMH as a major rotation are expected to treat one veteran in each of the following diagnostic categories: psychotic spectrum disorder, mood disorder, and PTSD. The intern must provide at least one EBP, and the intern must also provide a supportive group or individual therapy to a veteran diagnosed with PTSD who is not a good candidate for an EBP.

GMH offers several minors including ones focused on EBP, Inpatient Mental Health, Serious Mental Illness (SMI), Mood Disorders, and Complicated PTSD. Specific activities will vary based on training site location selection, major versus minor rotation, and rotation days.

The GMH rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

- 1) **Research:** Interns will demonstrate the independent ability to critically evaluate scholarly articles and to use these to inform evidenced-based practice.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with veterans and will demonstrate ethical behavior in all professional activities. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics, law, and related decision-making processes.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population that varies in age, sex, race/ethnicity, sexual orientation, SES, religion, and other dimensions of diversity. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisors to develop an enhanced understanding of and ability to apply culturally competent approaches to treatment.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professionalism and facilitate interns' development of their own professional identities, behavior, and effectiveness.
- 5) **Communication and Interpersonal Skills:** Interns will collaborate with members of a diverse interdisciplinary treatment team, those receiving professional services, and support staff. Interns will demonstrate effective interpersonal and customer service skills, manage difficult communication well, and effectively communicate and demonstrate an understanding of professional language and concepts in both oral and written documentation.
- 6) **Assessment:** Supervisors will work with interns to enhance their understanding of DSM-5 and apply this information in forming differential diagnosis, case conceptualization, and treatment planning. Brief outcome measurements are used in many of the services provided by interns.
- 7) **Intervention:** Interns will provide individual and group therapies and will gain exposure to evidenced-based psychotherapies. There are opportunities for work with severe mental illness,

mood disorders, and PTSD. Treatment interventions are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

- 8) **Supervision:** Interns may participate in a Peer Consultation group, comprising interdisciplinary staff and trainees. Participants review and discuss current therapy cases in a supportive peer-consultant environment.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffings.

TRAUMA RECOVERY PROGRAM ROTATION

Primary supervisor – Andrea Michels, Ph.D.

The mission of the Trauma Recovery Program (TRP) is to provide state of the art, specialized mental health care to veterans with symptoms of Posttraumatic Stress Disorder (PTSD). The treatment provided by the TRP is founded on the expectation that with the provision of the best available care, veterans can heal from the psychological impact of trauma and recover from PTSD symptoms. There is a strong emphasis on the use of evidence-based treatments, primarily Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). The Trauma Recovery Program is located offsite at the Henderson Mill Annex, approximately 5 miles from the main VAMC.

Interns must select one of TRP's multidisciplinary teams in which to concentrate their training experience:

PE/CPT Team: provides education and evidence-based, trauma-focused treatment services to male and female veterans who have experienced combat trauma (from any era), physical assault, motor vehicle accidents, and other military-related traumatic events.

Military Sexual Trauma/Dialectical Behavior Therapy (MST/DBT) Team: provides education and evidence-based, trauma-focused treatment services to male and female veterans who have experienced sexual trauma. This team also has a DBT program, which provides individual therapy, group therapy, and phone consultation to any TRP patient who has Borderline Personality Disorder and can benefit from the program.

The TRP rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

- 1) **Research:** Interns may participate in a biweekly Journal Club in which articles in the current trauma literature are reviewed and critiqued. Interns will be expected to familiarize themselves with the current state of the science pertaining to trauma and its treatment.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with veterans. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally competent and evidence-based approach to the treatment of trauma-related problems.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and Interpersonal Skills:** Interns will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Interns will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.
- 6) **Assessment:** Interns may conduct complex differential diagnostic clinical interviews of patients newly referred to TRP. The intern has the opportunity to develop skills with accurate and efficient

- clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning. Occasional, limited opportunities for psychological testing may also present themselves.
- 7) **Intervention:** Interns have the opportunity to carry an individual therapy caseload. Opportunities for training and supervision in PE, CPT, and DBT are all available, with occasional opportunity for use of other individual therapy approaches as indicated. Interns may also co-lead psychoeducational groups, DBT Skills Training groups, or other therapeutic groups (e.g., mindfulness, CBT-I).
 - 8) **Supervision:** Interns may participate in a weekly Peer Consultation group, comprising interdisciplinary staff and trainees at various levels (e.g., psychology practicum students, interns, postdocs). Participants review and discuss current therapy cases in a supportive peer-consultant environment.
 - 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffings.

Major versus Minor Rotations in TRP:

Interns may choose to complete either a major or a minor rotation with the Trauma Recovery Program. Interns choosing to complete a minor rotation with the MST/DBT Team must select either a trauma-focused treatment focus or a DBT focus for the minor. Specific activities will vary based on team selection, major versus minor rotation, and rotation days.

SUBSTANCE ABUSE TREATMENT PROGRAM (SATP) ROTATION

Primary supervisor – Joy Reeves, Psy.D.

This intensive outpatient program is designed to help veterans with substance use disorders learn the principles of recovery. The goal is to meet each veteran where they are as it relates to their substance use and recovery goals. The program has adopted the University model, and each treatment plan is individualized (with the assistance of the veteran) based on the veteran's needs. A few of the groups that are offered include Framework (education about the principles of recovery), Cravings, Anger Management, Chronic Pain, Smoking Cessation, and Seeking Safety (for veterans with comorbid substance use disorder and post-traumatic stress disorder). In addition to the intensive outpatient treatment program, SATP also features an Evaluation, Stabilization and Placement (ESP) Unit and an Opioid Agonist Program. ESP clinicians conduct comprehensive assessments to develop a plan of treatment for veterans (e.g., intensive outpatient treatment, detoxification, residential treatment). ESP staff also offer psychoeducational groups. The Opioid Agonist program is designed for those veterans being treated with Suboxone and Methadone. Group therapy is also offered in this program. The substance abuse program is colocated, with programming at both the main VAMC and at Fort McPherson (approximately 15 miles from the main facility).

The intern's training experience will be individualized based on previous substance abuse treatment experience (not required) and training goals. The program is designed to offer interns a training experience that will encompass the 9 competencies identified earlier in this brochure. However, specific competencies will vary with rotation days.

- 1) **Research:** Interns will have an opportunity to participate in clinical consultation groups. Staff members present information regarding current trends in substance abuse treatment. During individual supervision, interns will also be presented with articles or book chapters regarding aspects of substance abuse treatment for discussion.
- 2) **Ethical and Legal Standards:** Interns will discuss ethical and legal concerns with their supervisor as they arise. The ethics code and law will be reviewed during supervision as needed. When ethical dilemmas or legal issues arise, interns will be educated about appropriate procedures to resolve these conflicts.
- 3) **Individual and Cultural Diversity:** The veterans served in the VA setting are diverse in regards to age, race, gender, sexual orientation for example. Interns will be encouraged to incorporate

these variables during case conceptualizations and treatment planning. These factors will also be explored during individual supervision to assist with informing treatment.

- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors and staff will model professionalism when working with veterans as well as their colleagues. Interns will be encouraged to develop their identities as a psychologist, colleague, and supervisor.
- 5) **Communication and Interpersonal Skills:** Our treatment teams are multidisciplinary and interns will be afforded the opportunity to interface with other disciplines (e.g., psychiatrists, nurse practitioner, nurses, social workers, addiction therapist, and peer support specialist). Interns will work closely with staff in treating our veterans but also present clinical impressions (verbally and written) based upon assessments, individual and group therapy observations. Interns will also have an opportunity to participate in weekly treatment team meetings.
- 6) **Assessment:** Interns will be afforded the opportunity to conduct comprehensive assessments during the rotation. Interns will become familiar with the DSM-5 criteria for substance use disorders and related diagnoses. Interns will utilize this information to inform treatment planning. Interns may also spend time in the ESP department to further expand their assessment skills.
- 7) **Intervention:** Interns will have an individual caseload as criteria of the rotation and will be trained in various group modalities and topics. Interns will co-facilitate process and psychoeducational groups (e.g., Framework, Anger Management, Cravings, and Seeking Safety).
- 8) **Supervision:** Interns will participate in weekly individual supervision and may also participate in our consultation and supervision group. During our consultation and supervision, staff present and discuss challenging clinical cases.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** In addition to collaborating with providers with SATP, interns will have the opportunity to interface with mental health providers in other departments within the VA as well as providers outside of the mental health field (legal).

Major versus Minor Rotations in SATP:

In addition to conducting assessments and co-facilitating groups, interns who elect a minor rotation will have a caseload of 1-2 veterans. Those interns who select the major rotation will carry a caseload of 2-4 veterans. Interns will be required to attend recovery meetings (e.g., Alcoholics Anonymous (AA) Narcotics Anonymous (NA) with the goals of gaining context for recovery.

HEALTH PSYCHOLOGY ROTATION

Primary supervisor – Jennifer Steiner, Ph.D.

This rotation offers a variety of opportunities for psychoeducational and cognitive-behavioral interventions for patients with a variety of medical conditions. Patients treated on the Health Psychology rotation frequently experience medical crises or chronic illnesses. Veterans seen on this rotation may need assistance with lifestyle change in order to better manage their conditions, or they may be in need of therapy to address depression, anxiety, or emotional distress secondary to their medical condition. Patients are often referred from across the medical center including subspecialties of Rehabilitation Medicine, Pain Anesthesiology, Cardiology, Pulmonary Clinic, Urology, Sleep Medicine, and the Primary Care teams.

This rotation is designed to provide both assessment and intervention experience across a broad scope of health care problems. Emphasis is placed on cognitive-behavioral therapy and attitude change approaches as well as targeted interventions related to improving health-related behaviors and coping with the effects of chronic disease. Treatment modalities include a combination of individual and group therapy. Treatments such as stress management, habit modification, relaxation procedures, mindfulness training, CBT (for both chronic pain and insomnia) are commonly used.

Major versus Minor Rotations in Health Psychology:

Interns rotating in Health Psychology as either a major or a minor rotation will participate in some, but not all of the emphasis areas described below. Interns completing a major rotation will choose one of the two teams within Health Psychology in which to focus their training. This is to allow the intern to develop a sense of mastery in the chosen area. Interns that choose to do a minor rotation in Health Psychology may

choose to focus their experience on a particular area of health psychology (for example: chronic pain or sleep or cardiology).

Teams are comprised of two or more health subspecialty areas.

Atlanta Team: Emphasis on interventions for tobacco cessation, sexual health and dysfunction, and Cardiovascular disease

AVC Team: Emphasis on evidence based treatments for chronic pain (CBT-CP, Acceptance and Commitment Therapy) and sleep-related disorders (CBT-I, IRT, CPAP Desensitization)

*In addition to work on the chosen team, interns may also complete pre-surgical evaluations (time permitting).

The health psychology rotation will provide training opportunities for the intern in all competencies identified earlier in this brochure as specific aims of the training program , with the exception of supervision. Specific activities may vary to some degree based on major vs. minor and selection of team.

- 1) **Research.** Interns will gain experience in becoming consumers of clinical research and applying this knowledge to their clinical practice of health psychology. Interns will be expected to complete reading on health behavior change and evidence based interventions for various health populations; interns will be expected to discuss these readings with supervisor and apply to their clinical work. Interns will become familiar with various techniques used for program evaluations and assessment of patient change; these techniques will be informed by the current literature on these topics.
- 2) **Ethical and legal standards.** Interns will become familiar with ethical standards and legal guidelines for working within this clinical setting (VA as well as working within medical clinics), including recognizing clinical and ethical dilemmas and seeking supervision on such issues. Supervisors will model ethical behavior.
- 3) **Individual and cultural diversity.** Interns will gain experience working with veterans with a wide array of cultural diversity (age, sex, race/ethnicity, sexual orientation, SES, cultural understanding of illness, etc.). Interns will work on incorporating awareness of both patient and provider variables into their conceptualization of veterans seen for individual appointments while on the health rotation. Interns will be encouraged to be thoughtful about the way in which multicultural factors influence the patient's presentation and engagement in both psychological and medical treatment.
- 4) **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and interpersonal skills.** Interns on the health psychology rotation will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. Interns will become aware of how to communicate psychological and administrative information effectively across various settings and situations.
- 6) **Assessment.** Interns on this rotation will complete a variety of assessments related to various health psychology referral questions (pain psychology evaluations, sexual health evaluations, sleep psychology intakes, pre-surgical evaluations, etc). The interns will have the opportunity to develop skills in targeted clinical interviewing, administration and interpretation of standardized measures of symptomology, and providing appropriate treatment recommendations based on these evaluations.
- 7) **Intervention.** While on the health psychology rotation, interns will have the opportunity to carry an individual caseload and co-lead groups. Opportunities are available for training in CBT-Insomnia (CBT-I), CPAP desensitization, CBT for Chronic Pain, ACT for chronic pain, and behavioral/health behavior change interventions for smoking cessation, sexual health concerns, and cardiovascular health/stress management.
- 8) **Supervision:** No consistent opportunities for training in supervision on this rotation.
- 9) **Consultation and interprofessional/interdisciplinary skills.** Interns will assist various medical staff (physicians, nurses, medical residents, etc.) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors. Interns will learn how to effectively communicate this information to the referring provider in either verbal or

written form (or both). An emphasis in this area will be learning how to communicate psychological information to professionals outside the field of psychology.

GEROPSYCHOLOGY AND COMPLEX MEDICAL PROBLEMS ROTATION

Primary supervisor – Regina M. Koepp, PsyD, ABPP

This rotation offers a range of training experiences with the Geropsychiatry Outpatient Mental Health Clinic and the on-site Community Living Center (CLC). This training experience is offered as a major or a minor rotation. Interns will choose one site in which to concentrate their training experience:

Outpatient Geropsychiatry Clinic

Supervisor: Regina M. Koepp, PsyD, ABPP

The Geropsychiatry Clinic consists of a psychiatrist, psychologist, and social work psychotherapists responsible for providing outpatient mental health services to older adults and adults with spinal cord injuries (SCI). Common mental health conditions treated include mood disorders, anxiety disorders, PTSD, mild cognitive impairment, major neurocognitive disorders (e.g., Alzheimer's Disease and Vascular Dementia), adjustment to complex and/or terminal medical conditions, grief/bereavement, end of life concerns, caregiver stress, and family relational concerns.

The psychologist's role includes: (1) assessing the mental health needs of older adults, using clinical interview and psychological assessments; (2) treatment planning and education; (3) decisional capacity assessments; (4) provision of brief and long-term individual, couples, and family psychotherapy; and (5) provision group psychotherapy (e.g., late life depression and anxiety group; spinal cord injury psychotherapy group) .

Community Living Center (CLC)

Supervisor: Jennifer Smith, PsyD

This opportunity offers training experiences within the skilled nursing facility, or Community Living Center (CLC), which includes long-term care residents, residents receiving hospice care, respite stay residents, and short-term rehabilitation stay residents. Residents are 80% male and 20% female and may live in the CLC for many years longer than the national nursing home average. CLC staff is primarily medical, including medicine, nursing, recreation therapy, chaplains, dietary, physical therapy, occupational therapy, and other associated disciplines. A psychologist is embedded on the unit full time and Psychiatry is consulted as needed.

The Gero-psychology and Complex Medical Problems rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

- 1) **Research:** Interns may participate in a monthly Journal Club in which articles in the current older adult literature are reviewed and critiqued. Interns will be expected to familiarize themselves with the current state of the science pertaining to the mental health care of older adults.
- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with veterans. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally competent approach to the treatment of older adults and (often) their families.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate interns' development of their own professional identities.

- 5) **Communication and Interpersonal Skills:** Interns will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Interns will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.
- 6) **Assessment:** Interns may conduct complex differential diagnostic clinical interviews of patients newly referred to the Geropsychiatry Outpatient Mental Health Clinic. The intern has the opportunity to develop skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning. This process often includes the use of clinical mood and cognitive assessment tools.
- 7) **Intervention:** Interns have the opportunity to carry a caseload that often includes individuals and families with complex medical and neurocognitive disorders. Interns may also co-lead a bi-weekly interpersonal process group for older men or a bi-weekly support group for Veterans with Spinal Cord Injuries.
- 8) **Supervision:** Interns may participate in a weekly Geropsychiatry Case Conference, comprising interdisciplinary staff. Participants review and discuss current therapy cases in a supportive peer-consultant environment.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care

Major versus Minor Rotations in Geropsychology and Complex Medical Problems:

Interns may choose to complete either a major or a minor rotation with the **Geropsychology and Complex Medical Problems** rotation. As noted above, for both major and minor rotations interns must choose a clinic in which to concentrate. Specific activities will vary based on team selection, major versus minor rotation, and rotation days.

NEUROPSYCHOLOGY ROTATION – ATLANTA VAMC

Primary Supervisor: Lila K. Walker, PhD.

The Neuropsychology Program is within the Department of Neurology and receives consultation requests from the Neurology Clinic, Traumatic Brain Injury (TBI) Clinic, Cognitive-Memory Disorders Clinic, Primary Care Clinics and Mental Health Clinics. Assessment may also be provided prior to and/or after neurosurgery, spinal cord stimulation procedures, deep brain stimulation (DBS) and lumbar puncture.

Training in neuropsychology focuses on understanding brain-behavior relationships. Emphasis is placed on integration of multiple sources of information, including comprehensive medical records review, systematic behavioral observation, and clinical interview in addition to the test data in the development of diagnostic impressions and appropriate treatment recommendations. Interns have the opportunity to develop skills in neuropsychological test administration; selection of appropriate instruments; interpretation of test results and translation of test results into a description of cognitive functioning; identification of cognitive patterns associated with various disorders such as Alzheimer's disease and other dementias, CVA, head injury, specific psychiatric syndromes (e.g., depression), etc.; development of appropriate and individually tailored recommendations; understanding the role of cognitive remediation and how neuropsychological test results can be utilized; and development of skill in written reports for hospital practice.

The Neuropsychology Rotation will offer a weekly neuropsychology lecture series and case presentation/discussion and opportunities for collaboration in activities with the Psychology Intern Training Program at Emory University School of Medicine. Interns will also be able to participate in medical training opportunities including Neurology Grand Rounds, Psychiatry Grand Rounds and brain cuttings.

Activities:

A major rotation will require 1 - 2 assessments weekly; a minor rotation requires 1 – 2 assessments every two weeks.

Other required activities will include: attendance in the Didactic Neuropsychology Seminar with lectures on neuroanatomy, neuropathology, neuroradiology and neurobehavioral syndromes; a monthly intern-led case discussion; participation in Neurology and Psychiatry Grand Rounds; and attendance at brain cuttings.

Other optional activities that are open to interns at Emory include Neuropsychology Case Seminar in the department of Physical Medicine and Rehabilitation, the Alzheimer's Disease Research Center Seminar and Parkinson's Disease Clinic.

Opportunities may also be available for Individual and/or Group Treatment of individuals with cognitive impairment.

- 1) **Research:** Interns have regularly scheduled didactic seminars that include speakers who present summaries of empirical literature on various topics such as cognitive functioning in Vascular Dementia or Epilepsy. Interns are also encouraged to review relevant empirical literature related to current cases and provide references in reports as appropriate.
- 2) **Ethical and Legal Standards:** Interns work with their supervisor to identify and address ethical dilemmas as they proceed with clinical activities.
- 3) **Individual and Cultural Diversity:** Interns will be exposed to individuals of various ages, genders, races/ethnicities, sexual orientation, SES, religious orientation, and disability. Interns will identify appropriate normative data based on patient characteristics in interpretation of test data and give consideration to individual differences.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate intern' development of their own professional identities.
- 5) **Communications and Interpersonal Skills:** Interns will have opportunities to continue to develop communication and interpersonal skills in working with patients. They will learn to communicate professional opinions and recommendations to patients in-person. They will also develop skill in communication of conceptualization of patients and recommendations with other providers in-person and in written reports.
- 6) **Assessment:** Interns will complete 1 – 2 neuropsychological evaluations per week to include assessment of all cognitive domains. Interns will learn to complete an interview that includes psychosocial history, chief complaints, and medical history and symptoms. They will also incorporate systematic behavioral observation and will learn to integrate all sources of information in conceptualization for each patient in making neurobehavioral diagnoses.
- 7) **Intervention:** Interns will have an option to follow one individual case or to provide leadership or co-leadership of a group for patients with known or suspected brain injury or disease. In completion of neuropsychological testing, interns will make specific recommendations for follow up psychological intervention as needed and interns will learn to identify types of intervention that might be beneficial given cognitive impairments.
- 8) **Supervision:** Interns participate in monthly intern-led case discussion with both supervisors and any other interns on the rotation at that time.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will participate in didactic seminars with presentations from various medical disciplines as well as from neuropsychologists. They will consult with other providers to include speech pathology, social work, nursing and pharmacy as needed for each case.

ADDITIONAL AVAILABLE MINOR ROTATIONS

Interns may complete minor rotations in any of the major rotation areas described above. Additionally, we offer two experiences available exclusively as minors:

DIVERSITY

Primary Supervisors – Deauna Webb, Psy.D. and Telsie A. Davis, Ph.D.

Within the Diversity minor rotation, interns have the opportunity to provide direct therapeutic services to veterans from diverse cultural backgrounds with a variety of clinical presentations. This rotation is designed to strengthen the intern's multicultural competency through an understanding of how cultural factors, such as race/ethnicity, gender, sexual orientation, socioeconomic status, religion, and/or an intersection of two or more factors, influence all aspects of the therapeutic context (e.g., working alliance development, assessment, treatment planning, and clinical intervention). Interns will provide multiculturally competent services through engagement of three of the following four modalities: individual therapy, group therapy, cross-sex hormone therapy evaluations for transgender veterans, and the completion of a capstone project intended to increase awareness of diversity issues within the intern class and among the Atlanta VAMC staff. Supervision will provide an avenue for interns to become culturally self-aware; gain specific cultural knowledge about the patients with which they work; and learn culturally-relevant conceptualization, intervention, and assessment skills responsive to the patients with which they work. In addition, interns will focus on the merit of respecting and understanding cultural difference and treatment implications of unequal privilege and power based on cultural difference in our society.

- 1) **Research.** Interns will become familiar with the literature pertaining to multicultural competence as it relates to their clinical practice. Interns will be expected to complete readings on related topics and apply them to their clinical work.
- 2) **Ethical and legal standards.** Interns will gain an understanding of ethical principles and work with their supervisor regarding ethical dilemmas or issues that may arise. Supervisors will demonstrate and model ethical behavior.
- 3) **Individual and cultural diversity.** Interns completing the Diversity rotation will gain specific knowledge about working with diverse populations. They will learn to conceptualize within a multicultural framework and will be able to identify their own diversity variables. Self-exploration is an integral part of this rotation and interns are expected to be willing to learn about how their own diversity factors, including privilege and potential biases may interact or have an effect on the therapy relationship.
- 4) **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and interpersonal skills.** Interns will have the opportunity to communicate with an interdisciplinary team of professionals. Interpersonal skills are necessary to build trusting relationships with the veterans they will be working with.
- 6) **Assessment.** Interns on this rotation will complete cross-sex hormone therapy evaluations for transgender veterans beginning the process of transitioning. These assessments will help to determine whether a veteran meets the WPATH criteria for engaging in this treatment. Interns will engage in clinical interviewing and continue to develop report-writing skills.
- 7) **Intervention.** Interns on the Diversity rotation will have the opportunity to engage clients in individual therapy as well as groups. Individual patients will typically present with a specific diversity-related issue or a diversity factor that will be having an effect on other symptoms or diagnoses. For instance, a person who presents with a primary depressive disorder may have these symptoms exacerbated due to experiencing rejection from their church for reasons related to sexual orientation. Multicultural conceptualization models will be presented and interns will gain experience formulating with these. Interns will have the opportunity to co-lead the Transgender Support Group (if space is available). It is important to recognize diversity and multiculturalism in all of our patient interactions and to illustrate this, other group options may not have a specific primary diversity factor; however, supervision will focus on the salient diversity issues that may

arise within the group and how they impact the group dynamic, including those of the intern and co-facilitator.

- 8) **Supervision:** There are no consistent opportunities for training in supervision on this rotation.
- 9) **Consultation and interprofessional/interdisciplinary skills.** Interns will have the option to complete a capstone project, which is an opportunity to effect change at the systemic level within the VA. In the past, capstone projects have been utilized in a consultative manner to make improvements within the hospital based on multicultural factors. Supervisors will work with interns to develop appropriate capstone project topics.

MEDICAL INPATIENT CONSULT-LIAISON ROTATION

Primary supervisor – Walid Nassif, MD

This minor rotation provides interns with the opportunity to interview current inpatients on the medical units for whom mental health evaluations have been requested. Types of issues seen include: substance abuse, behavior problems, suicidality, psychosis, personality issues, delirium, dementia, and mental status evaluations for capacity to make medical decisions. Interns interview patients at the bedside as part of a multi-disciplinary team supervised by a psychiatrist. Interns begin by observing interviews by other members of the team and are expected to conduct independent interviews by the end of the rotation. Following interview, interns present results to the team, engage in a discussion about the clinical findings and the differential diagnosis and then accompany the team on a “rounds-style” interview of all patients interviewed by all members of the team that day. Recommendations are made to the medical team treating the patient by the psychiatrist based on the results of the interviews. Interns’ notes are entered in the patient’s record and are closely reviewed/discussed by the psychiatrist.

2. General/Long-Term Psychotherapy Cases

In addition to individual and group therapy patients seen in the context of the major and minor rotations, each intern carries a caseload of approximately three general individual, group, or couples/family psychotherapy cases assigned by the Directors of Training. Psychotherapy cases are supervised by psychologists on the Training Committee and by psychology postdoctoral residents. The nature of the intern’s caseload varies depending on the identified training needs and interests of the intern; however, interns are encouraged to maintain a diverse and generalist caseload, rather than to create a specialized focus. A minimum of one case is to be a long-term therapy case, hopefully followed for the majority of the training year. One long-term psychotherapy case will be supervised by a member of the Training Committee during a weekly group supervision meeting that meets for the duration of the training year. The remaining cases will be supervised by a postdoctoral resident or another member of the Training Committee.

3. Assessments/Psychological Testing Cases

In addition to assessments completed in the context of the major and minor rotations, interns are required to complete approximately five general psychological testing cases over the course of the training year. Referrals are received from providers throughout the Mental Health Service Line and are assigned to interns, supervised by various members of the Training Committee. The emphasis of this training experience is on enhancing the intern’s diagnostic, clinical interviewing, writing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. The intern is not viewed simply as a technician who administers a standard testing battery to every assigned case. Rather, he/she is guided throughout the year in developing critical thinking skills and is gradually encouraged to independently select appropriate instruments/measures and provide specific recommendations to the referral source. Interns are assigned an assessment supervisor for each half of the training year.

4. Didactics

There are two required weekly didactic seminars and one required monthly seminar that run throughout the training year:

Assessment Seminar: This weekly seminar covers the fundamentals of psychological assessment, encompassing intellectual, personality, and cognitive factors. This seminar is presented both by in-house psychology and psychiatry staff and outside consultants/speakers. At the outset of the training year, seminars are focused primarily on topics related to general skills in differential diagnosis, clinical interviewing, and evaluation of suicide risk. As the training year progresses, the seminar places more emphasis on special issues and topics, such as forensics, MMPI-2 interpretation, projectives, ADHD, assessment of geriatric patients, sleep disorders, and PTSD. Additionally, seminars on neuropsychological assessment are interwoven throughout the training year. Lastly, as another component of this seminar, interns present case conferences on recent testing cases they have performed and are provided with feedback from members of the Training Committee, as well as their fellow interns. Case conferences begin in January and occur once per month. Interns are required to present at least one case conference during the training year.

General Seminar: This weekly seminar, as indicated by its title, focuses on more general and professional topics designed to meet each year's training needs. It covers advances in the treatment of veterans, psychotherapeutic techniques, ethical issues, current issues in the field of psychology, professional development, and sensitivity to culturally diverse populations. This seminar is presented both by in-house staff and outside consultants. There is some flexibility as to the content of the presentations. The purpose of the seminar is to augment the training experience with content desired by interns. Interns present on their own research/dissertation studies in the context of this seminar, and may be asked to present a clinical case conference focused on individual or group psychotherapy.

Multicultural Seminar Series: This seminar series occupies about 10 weeks of the General Seminar and is coordinated and led by members of the Diversity Education Committee for Psychology Training (DEC-PT). It generally begins around the mid-point of the training year. Multicultural Seminars focus on topics relevant to the patient population at the Atlanta VA and the trainees' overall development as culturally-competent mental health providers. During these seminars, self-exploration and openness to personal growth is strongly encouraged, supported, and modeled by members of DEC-PT. The seminar attends to the intersections of diversity dimensions and how therapeutic process is impacted by the therapist's own identity and worldview as well as the patient's. In keeping with the APA Ethics Code (2010), the Atlanta VA Psychology Training Program does not require trainees to disclose personal information in program-related activities. At the same time, the program recognizes that self-reflection is an important part of the supervisory process and is a crucial aspect of developing multicultural competence. The program also acknowledges that developing insight into our own identities and personal histories is a delicate process – one that is best accomplished within a nurturing, non-judgmental context. The training program works to provide such an environment, with hopes that trainees will feel comfortable engaging in the self-reflection necessary to develop a meaningful appreciation for diversity in all its forms. In an effort to create a supportive and constructive learning environment, personal disclosures made by trainees as part of their diversity training will be treated sensitively and respectfully. Psychologists providing training aim to create working relationships in which trainees will feel safe exploring personal feelings, thoughts, beliefs, and life experiences that affect their multicultural competencies.

Multicultural Lunch & Learn: This third required didactic is a monthly lunch-time presentation series that is open to all psychology staff and required for all psychology trainees. Through didactics, experiential activities, and discussion, Lunch and Learn presenters address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence. Examples of previous presentations include: "Clinical Impact of the Psychologist's Cultural Identities;" "Intersecting Identities and Complexities of LGB Identity Development Models," "Colorism among African Americans;" "Using Our Powers for Good! A Discussion about Therapist Privilege and the Empowerment of Clients;" and "Disability as a Diversity Variable."

In addition to the required didactics, additional didactic opportunities available to Interns include:

Emory University Psychiatry Grand Rounds: Interns have the opportunity to attend Grand Rounds approximately every other week during Emory University's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences. They are presented by the Emory School of Medicine via teleconference to the Atlanta VA.

Psychiatry Case Conference: Interns may also attend these optional presentations, which involve case presentation by an Emory Psychiatry Resident and live interview of an inpatient veteran by the Resident's faculty discussant.

5. Supervision

Rotation supervision follows the apprenticeship model with considerable ongoing contact between supervisor and intern, in addition to at least one hour of scheduled, formal supervision each week on both the major and minor rotations. General psychotherapy case supervision is typically provided by two additional supervisors (including both training staff and postdoctoral residents), each of whom typically spends one hour each week reviewing cases with the intern. Supervision of assessment work involves additional scheduled, formal supervision with testing case supervisors. Less formal supervision occurs during seminars and case conferences. Supervision by professionals from other disciplines can be arranged when desired and appropriate. Per APA guidelines, all interns receive a minimum of four hours of scheduled supervision each week, including a minimum of two hours of individual, face-to-face supervision. Use of telesupervision (i.e., supervision via phone, computer, or other distance technologies) is rare and is usually restricted to extra contact as needed between regular supervision meetings, or consultation with off-site testing case supervisors regarding selection of assessment methods or report edits. In accordance with APA's *Standards of Accreditation* all supervisors must directly observe the intern's work (either live or via video recording) during each evaluation period (i.e., quarterly). Supervisors endeavor to balance observation and assurance of competency with increasing autonomy for the intern as competence is demonstrated across the year.

Requirements for Completion

Hours

Interns must complete 2000 professional hours within the 52-week training year in order to graduate from the internship. Interns are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2000 hour requirement. Extensions of the training year may be allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave).

Demonstration of Competency

As outlined above (see Program Structure, p.8), interns are continuously evaluated throughout the training year, with formal evaluations completed quarterly by all supervisors. Evaluation focuses on the successful demonstration of the profession-wide competencies outlined above (see Aims of the Training Program and Expected Competencies, pp. 4-8). Interns must demonstrate at least intermediate competency in all areas by mid-year (meaning routine supervision/oversight is still needed) and at least high intermediate competency in all areas by end-of-year (meaning some supervision/oversight remains called for but that substantial independence has been demonstrated) in order to successfully complete the program.

Atlanta VA Information

Atlanta VA Medical Center (VAMC), a Joint Commission and Magnet®-designated medical facility, sits on 26 acres in Decatur, Georgia, just minutes from downtown Atlanta. The main medical center is a level 1A tertiary care facility providing patient-centered healthcare via an array of comprehensive medical, surgical, and geriatric specialty services, as well as state-of-the-art diagnostic testing throughout 14 sites of care. With 445 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 12-bed Residential Treatment Program, the Atlanta VAMC is uniquely positioned to serve the healthcare needs of more than 130,000 enrolled Veterans living in 50 counties across northeast Georgia. The Medical Center, also a teaching hospital, provides hands-on and state-of-the-art technology, education and research to residents in collaboration with Emory University School of Medicine and Morehouse School of Medicine.

In addition to comprehensive clinical services, the Medical Center has one of the largest VA research programs in the nation. The program is 1 of 13 national VA Rehabilitation Research and Development Centers and involves over 450 projects conducted by more than 140 principal investigators.

Psychology Training Setting

The Atlanta VAMC is located in Decatur, Georgia, a few miles from downtown Atlanta. The Atlanta VA system also features more than 10 satellite clinics offering primary care, mental health, and some other specialty services to veterans throughout North Georgia. Psychology training is conducted primarily within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from psychology, psychiatry, social work, and nursing. The mission of the MHSL is patient care, training and research. There are currently approximately 100 full-time psychologists on staff at the Atlanta VA Medical Center, with further growth anticipated. Approximately half of the staff psychologists serve on the Extended Training Committee, comprising both the core training staff and ancillary supervisors. These psychologists are distributed among the various treatment teams within the MHSL. These teams include the Mental Health Outpatient Clinic; Community Based Outpatient Clinics; Substance Abuse Treatment Program; Trauma Recovery Program; Geropsychiatry; Primary/Care Mental Health Integration, and the Mental Health Front Door. Psychologists on the Training Committee are also now embedded in other Service Lines within the Medical Center, including medical specialty clinics (e.g., sleep, pain), the Traumatic Brain Injury and Neuropsychology clinics, and the Community Living Center. Psychology training activities may take place in any of these settings, some of which are located at the VAMC and others of which are located at satellite clinics between 4 and 25 miles away from the VAMC. Interns choosing to participate in rotations based at offsite locations spend full days at those locations, and are not expected to travel between sites in the course of a business day.

In addition to the doctoral internship, the Atlanta VA offers an APA-accredited psychology postdoctoral residency program, as well as advanced practicum training for local psychology doctoral students from programs including Emory University, Georgia State University, and the University of Georgia.

Patient Population

While the VA patient population is predominantly adult male (see population data above, with the Diversity Statement), there are ample opportunities for clinical work with women and occasionally with married couples and families. Interns work with patients who differ in race, socioeconomic status, sexual orientation, physical ability, education, and degree of psychopathology among numerous other diversity variables. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the mental health patients, interns will encounter a wide range of psychopathology including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, smoking cessation, cardiac rehabilitation, palliative care, geriatrics, and HIV/AIDS.

Unique Veterans Seen during Fiscal Year 2015

Total Veterans at Atlanta VAMC and Associated Clinics

100,454

Veterans seen by Mental Health Service

27,123

Sex

Female 18.5%

Male 81.5%

Age

<25 1.1%

25-34 14.4%

35-44 13.9%

45-54 22.2%

55-64 24.3%

65-74 20.5%

75-84 2.7%

>84 0.9%

Race

Unknown 2.9%

American Indian or Alaskan Native 0.4%

Asian 0.3%

Black or African American 58.5%

Declined to Answer 2.1%

Multiple 1.8%

Native Hawaiian or Pacific Islander 0.3%

White 33.9%

Local Area Information

The metropolitan Atlanta area has a growing population of more than 6 million, is a major convention center, and hosts major league sports franchises in football, baseball, and basketball. The city and the surrounding area have undergone phenomenal growth in recent years. Atlanta is internationally known for its Symphony Orchestra, the Carter Center, and the Martin Luther King Center. It is also the home city of CNN, Coca-Cola, Delta Airlines, and the Home Depot, among other major corporations. Atlanta hosted the Olympic Games in 1996, and has hosted the Super Bowl, the NBA All-Star Game, Major League Baseball's All Star Game, and the NCAA Final Four. In recent years, Atlanta has been developing a reputation as the "Hollywood of the South" thanks to the burgeoning presence of the television and film industry. Multiple major motion pictures and TV shows are filmed locally, including AMC's "The Walking Dead," the CW's "The Vampire Diaries," recent installments of the "Hunger Games" and "Avengers" movie franchises, and the productions of Tyler Perry Studios.

The Atlanta area is rich in resources for medical research and treatment. Close to the VAMC are Emory University, the Centers for Disease Control, Children's Healthcare of Atlanta, and other clinical and educational facilities. Professional seminars and workshops are offered year round in the private sector and may offer reduced tuition fees to interns.

Facility and Training Resources

Interns have full access to the same level of clerical and technical support as staff psychologists. They are provided computers that have full access to the hospital network, Microsoft Office, and access to the internet. Printers and secure fax machines are readily available in all treatment areas of the hospital. Support staff is available to assist interns in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Medical Center's bureaucracy. Interns have access to technical support for their computers and telephones through the Information Technology Service, a representative of which works within the Mental Health Service Line (MHSL) and is available by phone or email.

The VA network has a number of psychological tests available to be computer administered. In addition to this, the psychology staff has an extensive bank of tests and test materials. Interns are also able to use the Medical Center's library, which provides them with access to computer-based resources, a good variety of in-house materials, and almost unlimited access to materials available through affiliation with other libraries. Professional journals are available online via a link with the Emory University Library. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

Interns share four offices on the 5th floor of the Medical Center. Two offices are doubles, equipped with two computer workstations and locked cabinets to secure sensitive information and personal belongings, and the other two offices are singles, with one workstation and a locked cabinet apiece. Additional offices are also often available on individual rotations for interns to use (either full or part-time). Offices may also be available for interns to reserve for individual therapy and psychological assessments as needed. While space at the Atlanta VA Medical Center is always in high demand, interns are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions and training seminars.

Training Staff

The Core Internship Training Committee is comprised of the Directors of Training, the primary supervisors for the major rotations, the group supervision leaders, the DEC-PT Chairs, the seminar coordinators, and the Psychology Executive. Biographical summaries for the Core Internship Training Committee members are included below. The Core Internship Training Committee is a subset of the Extended Training Committee, a group of approximately 50 licensed psychologists who have been approved for involvement in the training program.

Core Internship Training Committee Members (2016-2017):

CATHERINE G. DEERING, Ph.D., ABPP – Group Supervision Leader – (Clinical Psychology, University of Rhode Island, 1991) is a part-time consulting psychologist. She leads a weekly supervision group for the psychology Interns. Dr. Deering is a Professor of Psychology at Clayton State University and Adjunct Associate Professor at the Emory University School of Medicine. She is Director of the Southeastern Region of the American Board of Clinical Psychology. Her professional interests include group therapy training, family therapy, and teaching.

ERIN C. ELLIOTT, Ph.D., ABPP – Primary Supervisor, GMH Rotation and Chair of the DEC-PT – (Counseling Psychology, Auburn University 2008) is a team lead at the General Mental Health Clinic where she also provides outpatient individual and group psychotherapy. Dr. Elliott chairs the Diversity Education Committee for Psychology Training. Her theoretical orientation is best characterized as integrative with an emphasis on Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI). She is national VA consultant for MI/MET and is a member of the Motivational Interviewing Network of Trainers (MINT). Her professional interests include multiculturalism, psychological adjustment to role changes, severe and persistent mental illness, supervision and training, health psychology, and suicide prevention.

REGINA KOEPP, PsyD, ABPP – Primary Supervisor, Geropsychology and Complex Medical Issues Rotation – (Clinical Psychology, PGSP-Stanford Consortium, 2009) is a clinical psychologist on the Geropsychiatry Team where she conducts psychodiagnostic assessments and provides brief and long-term individual, couples, and family psychotherapy, as well as group psychotherapy. In this role, she also conducts capacity evaluations, and provides consultative services to various clinics throughout the hospital. Dr. Koepp is a member of the Diversity Education Committee for Psychology Training (DEC-PT) and co-facilitates the Pre-doctoral Internship's Diversity Seminar series. Dr. Koepp is also the Acting Chair of the Atlanta VA Psychology Professional Standards Board and a member of the Atlanta VA Dementia Committee. Her professional interests include gero-psychology, adjusting to complex and life altering illness, grief and bereavement, couples and family psychotherapy, long-term psychotherapy, PTSD, multicultural competence and social justice, and supervision and training.

EVELYN A. LEMOINE, Ph.D. – Co-Director of Psychology Training – (Clinical Psychology, Nova Southeastern University, 2005) is a clinical psychologist and Co-Director of Psychology Training for both the APA-accredited internship and postdoctoral residency training programs. Clinically, she serves as the assessment psychologist for the Mental Health Service Line, performing pre-employment and annual psychological evaluations for police officers, compensation and pension examinations, and mental health clearance evaluations for bariatric patients, transplant candidates, and transgender patients. She also coordinates and supervises psychological testing cases for the trainees. Her professional interests include anxiety disorders, psychological assessment, supervision and training.

MIKE MARTIN, Ph.D. – Psychology Executive, Group Supervision Leader – (Counseling Psychology, Auburn University, 1999) serves as Psychology Executive for the Atlanta VA Medical Center. His interests include administration and leadership, clinical supervision, Primary Care/Mental Health Integration, telehealth, ethics, neuropsychology, and psychological adjustment to trauma and

disability. He provides group supervision, individual supervision, didactic presentations, and testing supervision to psychology trainees.

ANDREA B. MICHELS, Ph.D. – Co-Director of Psychology Training and Primary Supervisor, TRP Rotation – (Clinical Psychology, Florida State University, 2006) is a psychologist with the Trauma Recovery Program's PE/CPT team and Co-Director of Training for both the internship and postdoctoral training programs. She conducts diagnostic evaluations and provides individual and group psychotherapy and psychoeducation services, and leads a weekly PE/CPT peer consultation group. While her current work focuses on the treatment of combat-related PTSD in veterans of all eras of service, other clinical and research interests include major depression and suicide. Dr. Michels also coordinates general therapy case assignments for interns and postdoctoral residents. In all her work she is committed to the utilization of a scientific approach to psychology, including the prioritization of empirically supported treatments. Dr. Michels is a former Atlanta VA intern and Emory University postdoc.

JOY REEVES, Psy.D. – Primary Supervisor, SATP Rotation – (Clinical Psychology, Georgia School of Professional Psychology, 2008) is a clinical psychologist in the Substance Abuse Treatment Program (SATP). She provides individual and couples therapy, conducts comprehensive assessments as well as co-facilitates psychoeducational groups. She also has several administrative duties. Her theoretical approach is best characterized as integrative with an emphasis on cognitive behavioral therapy, psychodynamic/object relations, and interpersonal approaches. Her professional interests include PTSD, Women's Issues, Substance Abuse, Moral Injury, Evidenced-Based Treatments, Diversity Issues, and Psychological Assessments. She completed her psychology internship at the Biloxi, VA.

JENNIFER SMITH, Psy.D. – Primary Supervisor, Community Living Center Rotation; Assessment Supervisor; General Seminar Coordinator – (Clinical Psychology, Georgia School of Professional psychology, 2002) is a former President of the Georgia Psychological Association and serves as the psychologist in the Community Living Center/The Eagle's Nest. Her interests include Geropsychology, Acceptance and Commitment Therapy, Interdisciplinary health care team work, leading change in systems, and advocating for psychology as a profession.

CHRISTIE T. SPENCE, Ph.D. – Primary Supervisor, PCMHI Rotation – (Clinical Psychology, Washington University in St. Louis, 2012) is a Primary Care/Mental Health Integration (PCMHI) psychologist at the Fort McPherson CBOC. As a PCMHI psychologist, she performs brief diagnostic evaluations, provides consultative services, manages emergent/crisis situations, and conducts short-term psychotherapy with patients in the Primary Care setting. Dr. Spence coordinates the Professional Development Seminar Series for the postdoctoral residents, is a member of the Diversity Education Committee for Psychology Training (DEC-PT), and is a co-facilitator of the Intern Multicultural Seminar Series. Her interests include personality assessment, brief therapy, and training. Dr. Spence is also a former Atlanta VA Postdoctoral Resident.

JENNIFER L. STEINER, Ph.D – Primary Supervisor, Health Psychology Rotation – (Clinical Psychology, Indiana University-Purdue University, Indianapolis, 2013) is a Clinical psychologist primarily serving the Atlanta VA's various pain clinics (PM&R, Anesthesiology Pain Clinic). Dr. Steiner provides interventions for the management of chronic pain and the impact of pain on quality of life using psychoeducation, CBT and Acceptance and Commitment (ACT) based strategies. Dr. Steiner is a member of the Core Training Committee for both the internship and postdoctoral psychology training programs, and she serves as the Primary Rotation Supervisor for the Health Psychology rotation for the internship. Dr. Steiner is also the current Co-Chair of the Multicultural Lunch & Learn series and participates as a member of the Diversity Education Committee for Psychology Training. She received both her M.S. and Ph.D. in Clinical Psychology from Indiana University-Purdue University, Indianapolis. Dr. Steiner completed her predoctoral internship at the Salem VAMC in Virginia and postdoctoral residency at the Atlanta VAMC. Her professional interests outside of chronic pain and health psychology include working with female veterans, ACT, research/program development, and supervision and training.

LILA K. WALKER, Ph.D. – Primary Supervisor, Neuropsychology Rotation – (Clinical Psychology, Northern Illinois University, 1991) is a neuropsychologist within the Neurology Department who provides neuropsychological evaluations of patients referred from various medical and mental health specialty areas. Dr. Walker has provided supervision in neuropsychology to psychology practicum students, psychology interns, and neuropsychology post-doctoral fellows for many years. She has developed and implemented the Neuropsychology Rotation for Psychology Interns here at the Atlanta VAMC and has coordinated with neuropsychologists and various medical specialists (i.e., neurology, neuroradiology, neuropathology) at the VAMC and at Emory School of Medicine to coordinate didactic seminars for the Neuropsychology Rotation. In addition to the medical setting, Dr. Walker has had extensive experience in providing psychological and neuropsychological evaluations in inpatient psychiatric settings, forensic settings, university settings and rehabilitation settings. Dr. Walker has been an invited speaker on Neuropsychology for Residency Training and is currently actively involved on the Core Clinical Team for the Cognitive Disorders Center of Excellence.

Minor Rotation Supervisors (2016-2017)

TELSIE A. DAVIS, Ph.D. – Supervisor, Diversity Minor Rotation – (Counseling Psychology, Georgia State University, 2011) is a licensed psychologist on the Military Sexual Trauma/Dialectical Behavior Therapy Team. Dr. Davis earned her B.S. in Psychology from Ga Tech and her Ph.D. in Counseling Psychology from Georgia State University where she was an APA Minority Fellowship Program Mental Health and Substance Abuse Services Fellow. She completed her doctoral internship in psychology and trauma, and a two-year, full-time postdoctoral fellowship focused on co-morbid PTSD and substance use disorders among African American women at Emory University School of Medicine. Dr. Davis has 11 peer-reviewed publications, four book chapters, and over 50 international, national, state, and local invited talks and workshops in the areas of trauma, substance use, treatment of African American women, and culturally competent treatment. She is an active member of the psychological community and currently serves as a Board Member of the Metro Atlanta Chapter of the Association of Black Psychologists and member of the Early Career Professionals Committee for the Executive Council of APA Division 35, Section 1 (Psychology of Black Women). She presently serves as co-chair of the Diversity Minor Rotation for Psychology Training.

DEAUNA V. WEBB, PsyD. – Supervisor, Diversity Minor Rotation – (Clinical Psychology, Georgia School of Professional Psychology, 2011) is a psychologist and team lead on the AVC team within the General Mental Health Clinic. She conducts individual and group psychotherapy with veterans who are experiencing a wide-range of clinical disorders and provides evidence-based interventions for veterans diagnosed with PTSD. Her clinical interests include working with trauma, PTSD, HIV+ clients, and individuals with LGBTQ issues. Dr. Webb is one of the supervisors on the Multicultural Minor rotation and she also functions as one of the assessment supervisors on the Extended Training Committee. In the past, she co-facilitated the Diversity Seminar for the psychology interns. In addition to her work within the VA, she serves as the chair of the Ethnic Minority Affairs committee through the Georgia Psychological Association (GPA) and is an active member of the Board of Directors within the organization. She also conducts speaking engagements throughout the country on topics related to diversity, PTSD and trauma, child development, and school bullying at various college campuses, professional conferences, and training programs.

Trainees

Programs Represented in Recent Years

2016-2017

Duquesne University
Florida State University
Georgia State University
Georgia State University
Rutgers University – New Brunswick
University of Cincinnati

2015-2016

Georgia State University
Emory University
Emory University
University of Georgia
University of Texas – Austin
University of Texas – Austin

2014-2015

California School of Professional Psychology – San Francisco at Alliant University
Emory University
Jackson State University

2013-2014

Argosy University
University of Mississippi
University of North Carolina, Greensboro

2012-2013

Florida Institute of Technology
Loma Linda University
University of Southern Mississippi

2011-2012

Marquette University
University of Georgia
University of South Carolina

2010-2011

Georgia State University
Louisiana State University
University of Wisconsin

2009-10

Fuller Theological Seminary
Loma Linda University
Wright State University School of Professional Psychology

2008-09

Miami University (Ohio)
Pepperdine University
University of Hartford

2007-08

Auburn University
Georgia School of Professional Psychology
University of New Mexico
University of Virginia

PRIOR YEARS

Argosy University
Argosy University/Chicago Campus
Auburn University
Ball State University
Biola University
Emory University
Florida State University
Georgia State University
George Washington University
Indiana State University
Indiana University
MCP Hahnemann University
Memphis State University
Michigan State University
Nova Southeastern University
Pacific Graduate School of Psychology
Penn State University
Rutgers University
St. Louis University

State University of New York at Buffalo
Syracuse University
University of Alabama
University of Cincinnati
University of Connecticut
University of Georgia
University of Houston
University of Louisville
University of Maryland at College Park
University of Miami
University of North Carolina
University of South Florida
University of Southern Mississippi
University of Tennessee
University of Wisconsin - Madison
Vanderbilt University
Virginia Commonwealth University
Wright State University